



**SOUTH CAROLINA OFFICE OF STATE TREASURER
UNCLAIMED PROPERTY PROGRAM
Remittance Information Form**

HOLDER NAME _____

HOLDER FEIN _____

HOLDER CONTACT NAME _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

Remittance amount \$ _____

Remittance method:

☐ ACH Payment

Date _____ Confirmation Number _____

☐ Bank Wire

Date _____ Confirmation Number _____

☐ Company Check (Include a copy of this form with the check)

Date _____ Check Number _____

For e-mailed reports, provide date and time report was e-mailed to UPreports@sto.sc.gov _____